

Contraception and Culture: What Society Says and How Women Are Impacted

An Honors Thesis (HONRS 499)

by

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A handwritten signature in black ink that reads "Gary Pavlechko". The signature is written in a cursive style with a large, stylized 'G' and 'P'.

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Abstract

The use of and access to contraception in American culture has been a topic of controversy for several decades, and more recently, it has become a highly popular issue in government and public conversations. This paper serves to examine the ways in which women can be impacted by societal messages relating to contraception for the purposes of preventing pregnancy. By exploring what contraception is, the significance of contraception in our society, how societal attitudes about contraception are formed, and what this can mean for women in the United States, a better understanding of the importance of reproductive and contraceptive rights can be gained.

Acknowledgements

I would like to thank Professor Gary Pavlechko for serving as my advisor for this project, and I would also like to thank all of those who have helped me on my journey to finding my passion. Your support and encouragement has been invaluable to me.

Author's Statement

Finding my passion has undoubtedly been a journey for me. I began my college career with a deep understanding for my strengths and my abilities, but the answer for how to best direct these qualities did not come so easily. Fortunately, I had an encounter with a professor early on in my time at Ball State who truly lit a fire under me. It was very apparent that he loved his job, and I knew that that was the kind of feeling I wanted to have toward my future career.

I soon began questioning my major; something just did not feel right. I spent a significant amount of my time thinking about what I really wanted to do in the world: learn, teach, and help people. Then finally one day it clicked. I had always enjoyed talking to my friends and family about their romantic relationships. I was always drawn to learning about sexuality and gender. It was the perfect answer for me, and by the time I took my first sexuality course, I knew I had made the right move.

Soon after, I was fortunate enough to be invited to participate in an Immersive Learning opportunity that allowed me to gain real-world experience in the field I was now pursuing. I worked toward creating a support group for individuals living with HIV/AIDS in the Muncie community, and I will be forever indebted to that experience. Connecting with professionals in the sexuality field as well as working directly with members of the community changed me in a way that I am certain nothing else could. I came to know with great certainty that pursuing a career in sexuality education and outreach would be the best use of my talents, strengths, and interests.

As a future sexuality educator, completing this project has proven to be very beneficial for me. The opportunity to truly delve into the material on the subject of contraceptive decisions and how they may relate to society as a whole has been highly rewarding. I not only learned new

information, I also thought about concepts I had learned previously and connected material in new ways. There were points where I had difficulty writing simply because I could not pull myself away from reading the research. I am grateful to now have a certain level of expertise on this subject matter because it was a new avenue of exploration for me. Upon completing this project, I only hope that I am able to utilize the knowledge that I have attained in a valuable way that can benefit others. I feel that I have gained a deep understanding of the information that I have examined, and passing that on to other people is the best way for the message to spread.

Prior to working on this project, one of my major career goals was to design my own sexuality education program. In thinking about this goal, I decided that I would like my program to consist of standard sex education topics, as well as lessons on having healthy romantic relationships and building sexual esteem. As I continued to develop this paper, I decided that it would be valuable for my education program to include an aspect that focuses on what our society says to both men and women about pregnancy prevention and contraception. This could include teaching women specifically to have confidence in their right to pregnancy prevention methods, as well as helping them build confidence in their reproductive choices. As I continue to learn more and grow as a professional in this field, I know that knowledge is power, and arming others with useful information, especially about sexuality, is one of the most beneficial contributions that I can make to the world.

Thank you and enjoy,

Ashley

In early 2012, Sandra Fluke, a third-year law student at Georgetown University, chose to exercise her rights as a citizen by speaking out at an unofficial government hearing regarding the mandate on contraception in the nation's new health care plan, the Affordable Care Act. Fluke spoke about Georgetown's contraception policy and argued specifically that contraception should be covered in the campus health plan despite the fact that the university is religiously affiliated. Fluke's position was greeted by a vicious attack from notable Right-wing supporter, Rush Limbaugh. Limbaugh labeled Fluke a "slut" and a "prostitute" for supporting women's contraception access, and even went as far as stating, "She wants to be paid to have sex. She's having so much sex she can't afford the contraception" (Fard, 2012).

Right around the same time as the Fluke/Limbaugh controversy, celebrity figure Zac Efron received a remarkable amount of publicity surrounding an incident that occurred on the red carpet at the premiere of *Dr. Seuss' The Lorax*. As Efron began to make his way down the carpet, a condom package managed to fall from his pocket to the ground, all in plain sight of the paparazzi standing by. Many people were surprised about the mishap, especially since it took place at a children's movie premiere, but most accepted it and even applauded the fact that he was at least prepared to practice safer sex (Huffington Post, 2012).

Clearly, these scenarios are quite different from each other, but it is difficult to ignore some similarities between them. In the case of Sandra Fluke, a young woman was actively supporting contraception rights for herself and other women. She was expressing herself in a public and political setting in which controversy is often expected. Fluke's action was then publicly attacked by Limbaugh, a notably extremist figure, and she was labeled as a slut simply for being an advocate for a cause related to sexuality. The media bombarded citizens of the United States with this story and continued to update us as Georgetown University and President

Obama showed their support for Fluke while Limbaugh continued to stand by his words (Fard, 2012).

For the Zac Efron situation, media coverage was not in short supply, but the attention was not inherently controversial or negative. In the United States, celebrities tend to receive constant media attention, even for the most mundane reasons, so the condom mishap was a dazzling eye-catcher for both paparazzi and the public. In contrast to what happened to Sandra Fluke, Efron received the publicity and a figurative pat on the back for being prepared to have protected sex. His story was portrayed as a blunder and was greeted with giggles and, ultimately, commendation for his display of responsibility.

Although we did not receive Rush Limbaugh's personal input on Zac Efron's story, it is hard to believe that he would have had the same intense reaction toward the contraception-toting celebrity as he did toward Sandra Fluke. Politics aside, it is important to consider the messages that are being sent to the American public by these stories. In the simplest form, when a woman supports contraception, she is subject not only to criticism, but to outright attacks to her character. When a man supports contraception, in this case by actively having it on his person, he is commended for being a responsible adult.

Something is very wrong with this picture. For the last two years, the United States has been grappling with the issue of contraception in a highly publicized and dramatic fashion due to the new health care plan proposed by President Obama (U.S. Department of Health and Human Services, 2012). Because of political or religious differences, many citizens have taken up debates regarding the suggested coverage of contraception by the Affordable Care Act. Some people feel that contraception coverage is a must-have, while others, like in the extreme case of Rush Limbaugh, feel that it is unnecessary and wildly inappropriate. Although the nation's

ultimate decision on this matter is very important, it is necessary to recognize the impact that the *process* of reaching a decision on contraception coverage is also influential on American citizens, especially women.

With the prevalence of media in our nation today, it is difficult to imagine a person escaping all forms of media on a consistent basis. Thus, it is fair to say that American citizens are subject to be influenced to some degree by the media messages, whether discrete or straightforward, that they are exposed to (Bandura, 2001). These messages serve as the foundation for what we can consider our society's view on a topic; in the case of this paper, contraception. America's view (in a general sense) on contraception obviously cannot be summed up by isolated political or celebrity-laced incidents; rather, it is formed by the sum of the vast media messages that relate to the subject and the countless personal interactions that precede or follow.

This paper serves to investigate the impact that American societal attitudes toward contraception can have on the personal attitudes, behaviors, and well being of American women. To begin, it is imperative to understand what contraception is and the significance that it holds in American society. By understanding these key components, we can then examine the foundations for societal views on contraception and begin to piece together this intricate and complex puzzle. What do women take away from what society says about contraception and apply to their own lives? Is their sexual, social, or mental health impacted? By exploring how societal views on contraception and pregnancy prevention can affect women, we may gain a better understanding for the motivation behind women's actions and the true importance of reproductive and contraceptive rights in the United States.

What is Contraception?

According to Yarber, Sayad, & Strong (2010), contraception “is the category of birth control in which the sperm and egg are prevented from uniting” (p. 329). Contraceptives include barrier methods, like condoms and diaphragms, spermicides, hormonal methods, like the pill, the patch, and the shot, and intrauterine devices. It is important to note that the term “contraception” implies that conception is prevented from occurring; therefore, abortion does not fit into this category since conception has already taken place. Although contraception is most often thought of for the purposes of preventing pregnancy, some methods also provide significant (although not always perfect) protection from sexually transmitted diseases (STDs) and HIV/AIDS, while some also help alleviate symptoms associated with the female menstrual cycle (Jones, 2011).

At this point in time, women have a greater variety of contraceptive options than men, although most of them require some degree of interaction with a physician because of their hormonal or invasive nature. For example, oral contraceptives (commonly referred to as “the pill”), injectables, contraceptive patches, the vaginal ring, implants, intrauterine devices, and even diaphragms all require a prescription or the direct involvement of a doctor. Due to that stipulation, health care policy concerns enter the realm of contraceptive choice and decision-making. Men, on the other hand, have limited contraceptive options, condoms or spermicidal agents, but they have easy, over-the-counter access to these products. Because of the accessibility to these options and the lack of connection to the health care system, men are able to avoid the additional hoops that many women have to jump through in order to gain access to personal contraceptive options.

Interestingly, contraception has also earned other meanings to different groups of people throughout time. Instead of the technical definition, it has earned more abstract, representative

meanings. For example, in some religious circles, contraception represents a means of interfering with the true purpose of sex: reproduction. Below the surface of that meaning, contraception can also represent a catalyst of sorts for encouraging recreational sexual relations. If a religion does not support sex for purposes other than reproduction, it is understandable why contraception would be viewed negatively in their eyes. Sometimes, these more abstract definitions for contraception can interfere with how people view and think about contraceptives.

In this paper, for the purposes of simplicity, *contraception* or related forms of this term will refer to hormonal contraceptive methods (those that can only be obtained by women with a physician's prescription or some degree of involvement with a medical professional) and male latex condoms. In addition, contraception will be discussed in reference to pregnancy prevention purposes only, unless otherwise noted.

The Significance of Contraception in Our Society

In 1960, the FDA approved a new drug that would soon revolutionize American society in a way that nothing before it had even come close to achieving. The significance of this new scientific advancement during the 1960s was very large; this was a time of drastic social upheaval and change. With the wide range of social changes that took place during this period, many refer to the "Sexual Revolution" as one of the most memorable shifts that occurred in American society. This shift was due in major part to the release of the drug that quickly came to be known only as "the Pill" (Gibbs, 2010).

The Pill most certainly was a game changer for society and sexuality. It provided women with the new opportunity to take personal control over pregnancy and family planning, even without the direct knowledge or involvement of the man, or men, in their lives; it was liberation. As Gibbs (2010) stated, the Pill became "...the means by which women untied their aprons,

scooped up their ambitions and marched eagerly into the new age” (p. 1). Most saw this as an incredible advancement for science and the human race, but others felt that the Pill could lead to promiscuity, adultery, and even prostitution since it essentially eliminated the “consequence” of sex (Gibbs, 2010).

The most recent data suggests that almost half of all pregnancies in the United States are unintended, which is nearly three million per year (Finer & Henshaw, 2006). Now, a time in which almost 99% of all sexually experienced women have used some form of contraception, it is difficult to imagine what the number of unintended pregnancies might have been before the Pill, currently the most commonly used form of contraception, was an option (Mosher & Jones, 2010). The significance of contraception in American society is great, and it extends beyond simply decreasing the number of unintended pregnancies. Contraception allows for family planning, it gives women more control over their bodies and their health, and it allows sex to be less stressful for both women and men.

Family Planning

Many would agree that the number one benefit of contraceptive use for pregnancy prevention is the ability to allow for family planning. Family planning is not simply deciding when or if to have children; it can also be a means to focus on completing school, finding a career, gaining financial stability, and reaching other personal goals that would otherwise be difficult if one were a parent. A recent study conducted by Frost and Lindberg (2012) examined the reasons women in America provided for why they personally use contraception. Overall, nearly 60% of women that were surveyed reported that each of these four reasons were very important to their decision to use birth control: 63% said they were not ready to have children, 57% reported that having a child would interrupt their personal goals, 60% said that using

contraception gave them greater control over their lives, and another 60% felt a desire to wait until life was more stable and secure to have a baby. In this research, the most common reason women provided to explain their use of contraception was that they could not afford to take care of a baby; this reason was given by 65% of all participants. The results of this research demonstrate the reality of women's personal goals and their personal concepts of what they want their lives to look like when they decide to start a family. By describing their own reasons for using contraception, they are in essence speaking to the concerns they have for how an unintended pregnancy could affect their lives. Contraception becomes the catalyst through which women can maintain a sex life while also focusing on their own goals and aspirations.

It is easy to understand the benefits and allure of family planning for an individual or couple, but how does the ability to plan for parenthood affect the United States? Unintended pregnancies come at a great cost to America. Every dollar that is spent to provide publicly funded family planning services saves nearly four dollars that would otherwise be spent on pregnancy-related care for women and medical care for the first year of an infant's life (Guttmacher Institute, 2010). Clearly, providing access to contraception and accurate information about family planning is significantly less expensive than taking care of an unintended pregnancy and birth. Publicly funded family planning clinics help women avoid nearly 1.5 million unintended pregnancies every year, and that number does not speak to how many more are avoided by women who receive care from non-publicly funded entities (Guttmacher Institute, 2010). Imagine the financial strain that would result from that many more unintended pregnancies in America.

Contraceptive use reduces the many medical costs that are related to unintended pregnancies and births, and it also aids in preventing the negative economic, social, and health-

related outcomes mothers and infants of unintended births often face (Trussell, 2007). For example, shorter amounts of time between births are associated with a wide range of poor infant health outcomes, and births that are unintended are often associated with delayed prenatal care and lower rates of breastfeeding, which is consistently shown to be beneficial for infants (Gipson, Koenig, & Hindin, 2008). This is directly connected to understanding the significance of contraceptive use and family planning in the United States. The economic and public health significance of contraception has not gone without recognition. The Centers for Disease Control and Prevention (CDC) published a list of “10 great public health achievements in the 20th century” in 1999, family planning being one of those achievements. The CDC noted, “Smaller families and longer birth intervals have contributed to the better health of infants, children, and women, and have improved the social and economic role of women” (CDC, 1999, p. 1073).

Personal Control

Contraception not only allows for family planning, it also gives women a higher degree of control over their bodies and their health. In a way, having the ability to prevent pregnancy is empowering; it allows women to focus on what they deem to be most important in their lives at the present time. Contraceptive usage is a means of reproductive control, best defined by McCleary-Sills, McGonagle, and Malhotraas (2012) as “... women’s ability to effectively define their childbearing intentions and, subsequently utilize safe and effective contraception and abortion services in line with these intentions” (p. 2).

Using effective forms of contraception allows many women to feel a sense of power and influence over their own lives. This is especially important in a world where women may lack control over much of what happens to them over the course of their lifespan. Without the ability to govern their reproductive futures, women may struggle to achieve an equal role in political,

economic, and social life. In addition, they may continue to be considered subordinate to and economically dependent on men. Although this is typically not as common in highly developed nations like the United States, arming women with the ability to make choices for their own bodies is incredibly powerful.

Pregnancy and giving birth comes with many risks to both a mother's and an infant's health. Utilizing contraception can be a way for women to decrease the dangers associated with pregnancy and birth by increasing their birthing interval, delaying pregnancy until a more mature age, and helping to avoid unintended pregnancies in the first place. Those pregnancies that are considered unintended or unwanted by women are often associated with the most negative infant and maternal outcomes. These outcomes can include higher rates of prematurity, more risk behaviors by the mother during gestation, higher rates of maternal depression and anxiety, and even a greater risk for infant and maternal death (Gipson et al., 2008). Correctly and consistently using contraception can serve as way for women to circumvent these negative possibilities.

Contraceptive usage, in some cases, also provides women with the opportunity to willingly take on the responsibility of controlling reproduction, often without the interference or knowledge of a male sex partner. This can be beneficial for women who do not wish to become pregnant but want to begin or maintain an active sex life without having to depend on their partner to be sexually responsible. Women are able to do this quite easily due to the fact that the majority of female contraceptive options are hormonal and can be administered without a man ever knowing. Fennell (2011) explains that women typically end up taking on contraceptive responsibility due to social expectations connected to the idea that women do most of the "relational work" within a relationship. Although this may be true, having the control over her

reproductive destiny can be liberating because she does not have to rely on anyone other than herself, as long as she has the resources and the knowledge to do so.

Less Stressful

Most people have heard that sex can come with a slew of health benefits; it can reduce a person's stress levels, it can help alleviate pain, it can serve as a form of exercise, and it can even help a person sleep better (Doheny, 2012). If one or both partners are worried about the possibility of becoming pregnant from sex, it makes sense that these benefits could be significantly reduced or even eliminated. Contraceptive use, in this case, could be an incredible stress reliever because it would help diminish the concern for pregnancy as a result of sexual intercourse. If an individual or couple is no longer worrying tirelessly about becoming pregnant, sex can become a more enjoyable, positive activity.

Some may argue that this is a negative outcome because it allows people to think of sex more recreationally and with hedonistic intentions. If pregnancy is no longer a consequence of having sex (or it is significantly less likely to occur), men and women are free to have sexual relations with more partners more frequently. Interestingly, those who study the effects of sexuality education programs that educate on contraceptive usage have found that even when adolescents learn about contraceptive usage (especially condoms), their levels of sex remain constant while their use of protection increases (Schuster, Bell, Berry, & Kanouse, 1998). Essentially, just because the risk of pregnancy is greatly decreased, it does not mean that someone is going to have more sex than if they were not using contraceptives.

Contraceptives are especially significant for women in allowing sex to be less stressful. Women are the ones who have to carry the burden of the physical, mental, and emotional effects of pregnancy. True, men may experience these in a second-hand sense, but women must deal

with the primary impacts of being pregnant. Without considering abortion as an option, a woman is unable to “leave” a pregnancy; the man that helped her become pregnant is able to escape the pregnancy if he so chooses. Women are also the ones who must deliver the child, and they are often expected to be the primary caregiver when the baby arrives. The cards are stacked against women when it comes to pregnancy, so being able to prevent conception is incredibly important and freeing for women.

The Foundations of Societal Views of Contraception

With almost any topic, there are countless ways that societal attitudes are shaped and modified throughout time. In present-day American society, media plays an undoubtedly large role in creating and steering societal views on any given subject. This is done via entertainment media, political messages, what is shown or not shown, talked about or not talked about, and ultimately how it is done. Regarding contraception, media influence is only one piece of the puzzle that contributes to the overall societal attitude on the subject. Sexual scripts, the sexual double standard, and gender roles are other contributing factors that impact what America, as a whole, has to say about contraception.

Sexual scripts are formed based on the collection of sexual acts that a social group recognizes, the guidelines associated with certain behavior, and the expected punishments for breaking the rules (Kimmel, 2007). Traditionally, sexual scripts in American culture emphasize male power in relationships and focus heavily on male needs and desires. As a result, women are often placed in a more passive role in which their needs are less important, and they are less able to assert themselves regarding sexual decision-making (Gomez & Vanoss-Marin, 1996). This can obviously have an impact on a woman’s or couple’s decisions relating to contraceptive usage. As a very simple example of this, the number one reason women cite regarding why they

have stopped using condoms is that their partner did not like them (Mosher & Jones, 2010).

Holding the expectation that the male should take the lead sexually or that his sexual pleasure is most important could result in less condom usage or contraceptive responsibility being placed exclusively on the female (Tolman & Brown, 2001). According to Fennell (2011):

[Contraceptive] responsibility typically falls primarily to women because of a combination of biotechnological constraints and social expectations...Because women are the ones who must visit the doctor and are usually the ones who must take or use the contraceptive method, and because both men and women tend to prefer to use hormonal methods, women are likely to become the ones most responsible for the overall contraceptive upkeep in a couple. (pp. 499-500)

Although this could be viewed as a positive for women, considering the fact that it is a step toward taking control over their own reproductive future, accepting full contraceptive responsibility can be financially and emotionally burdensome.

In defense of American culture, sexual scripts have been gradually changing over the years in ways most would consider to be positive. Instead of being so male-focused as with traditional scripts, more contemporary sexual scripts have become increasingly egalitarian. Most scripts are now more relationship-centered with the needs, pleasure, and responsibility of both partners emphasized. Men and women are both concerned with contraceptive usage and both typically have some degree of influence on contraceptive decision-making within a relationship (Grady, Klepinger, Billy, & Cubbins, 2010). Female sexuality and pleasure is now considered an important component of most sexual scripts, but women unfortunately still do not have full sexual equality with men (Yarber et al., 2010).

The basis of this sexual inequality relates directly to what many refer to as the sexual double standard. Traditionally, a sexual double standard was a key aspect of sexual scripts, and evidence of the existence of sexual double standards still exists in our society (Crawford & Popp, 2003). Boys and men are allowed and almost expected to “sow their wild oats,” while girls and women are warned that a future husband “won’t buy the cow if he can get the milk for free.” For women, the double standard is often connected with a Madonna/whore dichotomy in which they can either be innocent and virginal or an outright slut for having any level of sexuality (Ussher, 1989).

A recent study explored the implications of a possible sexual double standard among sexually active adolescents. The research utilized data from a national longitudinal study of adolescent health to compare sexual activity with peer acceptance among boys and girls. The study determined that boys who had more sexual partners were more accepted by their peers, while for girls, the correlation was in the other direction: more sexual partners led to less peer acceptance (Kregear & Staff, 2009). These findings are interesting to consider, especially within the context of sexual double standards. It is clear that from an early age, many Americans are adopting the belief that it is acceptable for boys and men to have many sexual partners, and it is not acceptable for girls and women to do the same. Why is this?

The foundation of sexual double standards and sexual scripts is deeply rooted in gender roles that our society has endorsed and perpetuated throughout time. Gender roles are “the attitudes, behaviors, rights, and responsibilities that particular cultural groups associate with each sex” (Yarber et al., 2010, p. 127). To put it more simply, gender roles are what our culture believes each gender (stereotypically only females and males) should be like; in a sense, it is the established stereotype for what a man or woman should do, say, and think. In American society,

traditional gender roles like “man as bread-winner” and “woman as wife, mother, and housekeeper” have existed for many decades. It is fair to say that these stringent gender boundaries are becoming less strict in our present culture, but it is difficult to ignore the fact that they still exist, even if they are becoming more subtle.

It should be easy to see that each example previously provided puts women down or beneath men at least to some degree, and these points barely scratch the surface of the complete picture of sexual and gender dynamics in our culture. The messages that are repeatedly sent in our society are that men’s sexual needs are more important than women’s, men’s sexual pleasure is more important, women should be passive (or at least pretend to be initially), men should “spread their seed” while women should “keep their legs closed,” and men deserve a high-five for “gettin’ some,” while a woman who does the same should feel dirty. Although these messages are often the most extreme and stereotypical options among many, they certainly are perpetuated and passed along in our society.

So how do all of these sex and gender “rules” become part of our culture in the first place? Cognitive social learning theory emphasizes the idea that people learn attitudes and behaviors as a result of social interactions. The cornerstone of cognitive social learning theory is the belief that consequences often control behavior (Bandura, 1977). For example, the adolescents in the study previously mentioned learn that it is okay for boys to have many sex partners because they gain acceptance from their peers. For girls, it is not acceptable to have many sex partners because they can become ostracized from their peer group. Another example of the social learning theory in action is when a parent affirms or rejects their child’s choice of toy. If a boy chooses a doll to play with and his parents send him the message that dolls are “for girls,” he will most likely adopt this belief himself.

In our current age of technology and nearly constant media exposure and consumption, it is difficult to refute that media can also play a role in what and how people learn. Even when people are not experiencing the direct person-to-person interaction that often fits with cognitive social learning theory, they are able to learn new ideas and even adopt certain behaviors by being exposed to different sources of mass communication. In a more recent study, Bandura (2001) said it best himself:

In short, there is no single pattern of social influence. The media can implant ideas either directly or through adopters... In some instances the media both teach new forms of behavior and create motivators for action by altering people's value preferences, efficacy beliefs, outcome expectations, and perception of opportunity structures. In other instances, the media teach, but other adopters provide the incentive motivation to perform what has been learned observationally. In still other instances, the effect of the media may be entirely socially mediated. That is, people who have had no exposure to the media are influenced by adopters who have had the exposure and then, themselves, become the transmitters of the new ways. Within these different patterns of social influence, the media can serve as originating, as well as reinforcing, influences. (p. 286)

Therefore, sexual scripts, sexual double standards, and gender roles can all be learned by means of the cognitive social learning theory. Interactions with parents, family, friends, and even media can shape the attitudes and behaviors of a person. These internalized beliefs are then easily passed on to others as the social learning theory continues to play out in a repetitious

cycle. With all of these components taken together, one can begin to understand how complicated and dilatory the process of changing these messages can be.

What This Means for Women and Society

As unfortunate as it may be, hopefully it has become apparent that the relationship between societal messages about contraception and how they can impact women is incredibly multifaceted and complex. Layer upon layer of social expectations, standards, and norms are further complicated by mixed messages about contraception that are sent via media and personal interactions. If anything, recognizing that this issue is quite intricate can be a first step, although a small one, toward appreciating and understanding the arguments for and against contraception and reproductive rights in America.

To begin, we must recognize what kinds of messages are being shared about contraception in our society. The stories of Sandra Fluke and Zac Efron are simply the tip of the iceberg. Through media and other more personal means, women and men are learning that contraception is something to be debated, especially in light of the recent political focus on this matter. Women learn that seeking access to contraception could earn them insults, like in the case of Sandra Fluke, or it could ostracize them from their religion or peers. Because of messages like these, women have to be fully determined to obtain and use contraception without allowing negative charges to sway them. This may be a challenge for some women, especially those who may be insecure or unsure about their options in the first place.

Women (and men, no doubt) also learn that sex and sexual pleasure is appropriate for men, but it is not always so for women. Although this view may seem archaic to more modern thinkers, it is still a message that is perpetuated in American culture. Women may stop using condoms simply because their partners do not like the way they affect sexual sensation. Women

may feel obligated to take full contraceptive responsibility within a relationship, even if they do not have the appropriate resources to do so. They might learn that a man's reputation can be enhanced by having sexual relations, while a woman's image can be harmed.

Messages are being sent that there is a "contraceptive double standard," in which men are seen as responsible for being prepared to practice safer sex, and women who do the same have to struggle to gain respect for the same act of responsibility. The stories of Sandra Fluke and Zac Efron are a perfect example of this. Another instance of this double standard could be the condom dispensers that are often found in men's public restrooms, while no such equivalent is typically found in women's rooms. Although this may be chalked up to the fact that guys simply are out to try to have sex (yet another double standard), it is certainly excluding women from the convenience of attempting to be more sexually responsible. When a man carries a condom, he is being smart; when a woman does, she must be a slut.

If women are the ones who have to accept the full consequences of sex, in the form of pregnancy, this contraceptive double standard is terribly unfortunate. As previously discussed, contraception comes with a great degree of significance in American culture and in the world at large. It provides women and men with the ability to plan their families, have greater control over their lives and their health, and to simply get more enjoyment out of sex. Unintended pregnancies may be occurring less frequently in the United States, but the less they happen, the better. Avoiding unintended pregnancies benefits everyone, from the couple having sexual relations all the way up to the federal government. It is of utmost importance that the messages in our society begin to better align with the realities of contraception and the importance of reproductive rights.

Understandably, overcoming such ingrained social expectations and norms is a long and difficult process. Changing sexual scripts, gender roles, and media depictions of contraceptive usage will not happen overnight. In many ways, as American society steps further away from more traditional schemas, we are moving in a positive direction for women as related to contraception and its importance in our culture. Women's needs and desires should be embraced and honored, especially when they relate to contraception and reproductive rights. We must remember that women's choices do not take place in a social vacuum – and neither do their consequences.

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